

## ST. CLAIR SHORES BASEBALL SOFTBALL ASSOCIATION





Register Online at: <u>www.scsbsa.com</u>

riayer Name:						senaer: w
Address:						
			Home #	<i>‡</i> : ( )		
-						
Must Provide Copy of	Birth Certificate (If Asked)	Date	e of Birth:			
or Team Selection: N	umber of years Playing Ex	perience	Game Experience	at: Pitcher	/ Catcher (Pl	ease Circle)
lame of Parent(s) or G	uardian(s) (Please Print): _					
ignature of Parent(s)	or Guardian(s):					
arent or Guardian wo	uld like to: Manage Co	ach Volunteer	(Help with Opening I	Dav & Other	Events) (Ple	ase Circle)
	_		(		/(	,
	m Last Season?					
	Residents Only Family			Note:		
fter Two (2) Paid Players	, 3 <sup>rd</sup> Sibling (youngest) Plays	"For \$25"	Division determined	by player age	(May 1st Boy	s, Jan 1st Girls)
WALK IN or D	RIVE THRU REGIST	RATION DAT	ES "TBD" Chec	ck Websit	te for Upd	lates!
	on / Tournament or Girls					
No Doys I cacialit				_	ibic for the	recreation
	<u> </u>	• •	t / Palomino Divisi	•	<b>-</b> .	
-	edge that the player is in	eligible to play i	n the SCSBSA If re	stered on	a Travel or	Tournament
eam for 2025**	Please check box:					
Note:	Add \$3 to Fin	ial Payme	ent for Tra	neacti	on Fee	16
<u>ITOTE:</u>	Add yo to 1 II	iai i ayiii	THE TOT THE	<u> 113acti</u>	OII I CC	<u>,3</u>
20	25 PLAYER FEES Please C	Check One (Not for	r Boys Federation or	Girls Travel		
Age	Boys	Girls	Reside	nt	Non-R	esident
4,5 & 6 Years Old	T-Ball	T-Ball	\$120.0	0	\$125.0	0
7-8 Years Old	Pinto	9 & Under	\$130.0	0	\$135.0	0
9-10 Years Old	Mustang		\$150.0	0	\$155.0	10
11-12 Years Old	Bronco	12 & Under	\$160.0	0	\$165.0	10
	After April 1 F	Please add a \$10.0	0 Late Fee for Above	Groups		
13-14 Year Olds	Pony	13,14,15 & 1	13,14,15 & 16 \$180.0		90 \$185.00	
*15 Years and Up	Colt / Palomino	N/A	\$200.0	0	\$205.00	
	All Plavers re	ceive: Jersey, Pan	t. Hat or Visor.			
Colt / Palomino & Gir	ls 16u/18u players will be p	•		ed Teams W	elcome in th	ese Divisions
		**PAYMENT**	<b>,,</b> .			
		(Select One)				
nclosed Check or Mo	ney Order	Sq	uare Payment Cas	h	Official	Use Only
ayment VISA		MasterCard	•		Birth Certificate Verified	
Payable to SCSBS	3A					
					Yes	No
					Doid	Chapte #
ard Number:					Paid	Check #
ame (As it appears on ca	ard):					
xniration (Month / Year)	/ 3-Digit S	Security Code (On he	ack of card):			
I have read and understa	and that SCSBSA reserves the used as public		raphs taken of my child ertising, and Web conte	_	he season and	d are only to b
		g ,	J,	the state of the s		

Mail this completed form with your check if applicable to: SCSBSA P.O. Box 314, St. Clair Shores, MI 48080-0314

REFUND POLICY: There will be a \$25.00 administrative fee for all refunds.

NO REFUNDS AFTER THE START OF THE TEAM'S FIRST PRACTICE